



Arkansas State Board of Landscape Architects

INITIAL APPLICATION

INSTRUCTIONS FOR INITIAL APPLICATION:

1. Print or type the answers to all questions.
2. Enclose a nonrefundable filing fee in the amount of \$250 and make payable to:
Arkansas State Board of Landscape Architects
3. Include a personal photograph in the box shown with a face not less than 3/4 of an inch wide.
4. Sign and date the Acknowledgment and have it notarized.
5. If applying to sit for the L.A.R.E. Exam for your base state of Arkansas, you must arrange for your transcript to be sent to the Board at the address listed below.
6. If applying for a reciprocal license, you must arrange for your base state of registration to send your test score verification and valid state registration to the Board at the address listed below.
7. Mail this completed form with the appropriate payment to the following address:

Arkansas State Board of Landscape Architects

101 E. Capitol, Suite 110
Little Rock, AR 72201-3822
501.682.3112 • Fax 501.682.3172
Email: asbla@arkansas.gov
Website: www.ARSBLA.org

ALL INFORMATION REQUESTED ON THIS FORM
MUST BE TYPED OR PRINTED IN INK.

FOR ASBLA USE ONLY

Action: _____	Action: _____
Date of Action: _____	Date of Action: _____
Action: _____	Action: _____
Date of Action: _____	Date of Action: _____
Action: _____	Action: _____
Date of Action: _____	Date of Action: _____

Securely affix a recognizable
Photograph with face not less
than 3/4 of an inch wide.

A. PERSONAL DATA.

1. Full and Legal Name: _____
FIRST MIDDLE LAST
2. CHECK ONE ADDRESS FOR CORRESPONDENCE: _____ BUSINESS OR _____ RESIDENCE
3. Name of Business: _____
4. Business Address: _____
Street and Number City State Zip Code
5. Business Telephone: (____) _____ Ext. _____ FAX (____) _____
6. Residence Address: _____
Street and Number City State Zip Code
7. Residence Telephone: (____) _____ FAX (____) _____
8. Email Address: _____
9. Social Security #: _____
10. Date and Place of Birth: _____ and _____
Date of Birth Place of Birth

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11. What is the Base State of your Landscape Architect's License/Registration? _____
Are you licensed/registered as a Landscape Architect in any other states? _____ If YES, list all below.

STATE OR COUNTRY	BASIS FOR GRANTING LICENSE/REGISTRATION* *List Written Exam stating name of the Exam taken, Oral Exam, Reciprocal, Grandfather or Other (explain).	REGISTRATION DATE	CERTIFICATE NUMBER	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Have you successfully completed the examination prepared by CLARB? ____YES ____NO If YES, list:
Examination Name (L.A.R.E. or U.N.E.) _____ and Place of Examination _____

13. Have you ever been refused a license? _____
If YES, explain in detail. _____

14. Have you ever been convicted of a felony? ____YES ____NO If YES, explain in detail. _____

15. Have you ever been adjudged mentally incompetent by a court of competent jurisdiction? ____YES ____NO
If YES, explain in detail. _____

16. Has your eligibility to take the L.A.R.E. been revoked or suspended in any jurisdiction? ____YES ____NO
If YES, explain in detail. _____

17. Are you currently under investigation by any state, federal, or local municipality for violating the laws regulating the practice of landscape architecture? ____YES or ____NO If YES, explain in detail. _____

18. Have you had any "disciplinary action" filed or taken against you or had your right to practice restricted by any professional regulatory agency? ____YES or ____NO If YES, explain in detail.

NOTE: "Disciplinary action" means any reprimand; fine; probation; suspension; evocation; cease and desist order; denial or revocation of license/registration or other action through which a person sanctioned for a violation of laws relating to the practice of landscape architecture or the licensure/registration of landscape architecture including any consent order, settlement agreement, stipulation, or the like which incorporate such sanctions; or surrendered or did not renew a professional license/registration after the initiation or any investigation or proceeding by such a body.

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B. EDUCATION AND EXPERIENCE.

1. EDUCATION. List your educational background, degree awarded and year of graduation.

a. Undergraduate Institution: _____
Name City State
Degree Awarded: _____ Date: _____

b. Post Graduate Institution: _____
Name City State
Degree Awarded: _____ Date: _____

2. EXPERIENCE. Start with your present position. In chronological order, show all history of work, school, military and other engagements. You must account for all periods of time.

a. Employer: _____
Name City State
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Total time with Employer 'a': _____ Supervisor: _____
Years & Months Name Telephone

b. Employer: _____
Name City State
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Total time with Employer 'b': _____ Supervisor: _____
Years & Months Name Telephone

c. Employer: _____
Name City State
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Total time with Employer 'c': _____ Supervisor: _____
Years & Months Name Telephone

d. Employer: _____
Name City State
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Total time with Employer 'd': _____ Supervisor: _____
Years & Months Name Telephone

e. Employer: _____
Name City State
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Position held: _____ Dates: From _____ To _____
Total time with Employer 'e': _____ Supervisor: _____
Years & Months Name Telephone

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C. REFERENCES.

List below three (3) references who are not relatives or members of the Arkansas State Board of Landscape Architects who will provide the Board with information in regard to your character and professional ability and who has known you for a minimum of five (5) years.

NAME	COMPLETE ADDRESS	OCCUPATION	BUSINESS RELATION TO APPLICANT
_____	_____ _____ _____	_____ _____	_____
_____	_____ _____ _____	_____ _____	_____
_____	_____ _____ _____	_____ _____	_____

D. PLEDGE.

I hereby certify that I have familiarized myself with the provisions of A.C.A. §17-36-101 *et seq.* and Board Rules regulating the licensing of Landscape Architects and do hereby subscribe to and agree to abide by the provisions therein.

Date



Signature of Applicant

ACKNOWLEDGEMENT. (To be made before a Notary Public or Official qualified by law to administer oaths.)

STATE OF _____, COUNTY OF _____

On this _____ day of _____ in the year _____, before me

personally appeared _____, Applicant, known to me or satisfactorily proven to be the person herein described, and signed the foregoing Initial Application form, and on oath swears (or affirms) that all the statements herein made are true to the best of their knowledge and belief.

Date

Notary

My Commission Expires: _____

Notary Seal: